

**CCH Rate Structure Committee Meeting
July 11, 2012**

In Attendance: Tim Lavoy, Peter Mason, Jeannine Pettinico, Mary Beth O'Neill, Peter Mason, Catherina Ohm, and Kathy Calo.

Absent: Carol Grabbe and Sheryl Kemp

Marketing Ideas

- WTIC AM 1080 – Community Connections – United Way
- Cable Access Channel
- Website updates
- Possible video clips

Committee members were unable to speak with Jim Welsh as he was unavailable for consult.

The committee reviewed the possibility of using each person's LON and incorporating the service rate. It may be possible to equate LONs 1 and 2 to Rate 1, LONs 2, 3, 4 would equate to a Rate 2, and LONs 5, 6, 7 to a Rate 3. The group reviewed options for which approach to take and whether to continue to use the rate setting checklist.

CCH rate setting regulations address the supervision level a person requires. A person who receives a Rate 1 may not require 24 hour supervision. It might be incidental as a result of the placement. Most people do require the 24 hour support and receive it. There are a number of individuals with low LONS who require 24 hr supervision. The committee should review the circumstances for which a person should go to URR and obtain an adjustment for a higher rate. Over time, people's LON go up as they age. There is no tethered connection between the LON rate and the residential service rate. A memo written by Linda Goldfarb on Dec. 2, 1998 was reviewed; however, the memo and form that goes with it were written prior to the implementation of LONS and the waiver.

There are seven individuals who receive Rate 1 that could potentially be reevaluated for a Rate 2. This might assure that individuals with similar needs will be funded the same way. If this was appropriate, those individuals who have chosen to retire and do not want to work could be offered another rate to allow for the increase in supervision levels.

Currently, the following determination is utilized for rate setting:

- Rate 1. Less than 24 hours supervision. The person is capable of staying overnight alone
- Rate 2. Overnight supervision is required, but the person can some alone time during day

Peter expressed concern over potential subjectivity in the application of the rates. What is the criteria that is being used to assure consistent applicability?

If the committee determines that an additional rate (Rate 4) is required the definition applied to the rate will need to change. If one rate could be eliminated, keeping with three rates, a regulatory change would not be required.

There are a few providers who currently receive a Rate 3 serving individual's with a LON 2. This is mostly in the south region. If changes were made to move individuals from Rate 1 to Rate 2, twenty three individuals might shift. Adel Clark may provide a spreadsheet for all those changes. The committee must look at that and then look at the change in money for each person. What is the financial impact to the system? The chart must be accurate first to begin the decision making process.

The committee will propose how to move people to a new rate based on the LON. Then the group can determine where LONs attach to the rate. It could then be identified how any exceptions would be handled and addressed by URR. This would remove the rate decision making from the CCH coordinators and place the determination on the system. The committee determined that in the vast majority of cases, there would not be a huge difference. Support payments are currently tied to the LON score.

The committee discussed which LON score; behavior or residential would prevail to establish rates. A chart will be reviewed that has each person's LON and the provider rates. Items to be considered during the review would be:

- How are ongoing medical issues addressed that may not be captured in the LON?
- How is the comment section used on the LON and how is the information captured?
- What if the need is more than the actual score due to an anomaly?

There is a person who is receiving a Rate 3 but the LON is 2. The person has significant medical issues and requires more supervision. If a rate adjustment is required it would go to URR. One person who has seizures is currently a LON 4. This person's score will never be higher because of the seizure disorder; however, a URR presentation was made for increased services. It would be up to the team to quantify what the actual need is and the justification.

The committee reviewed some of the challenges incorporating new rates or new ways of doing things in the CCH program. New licensees do not have the expectations held by the longstanding providers. An example of the rate change around leap year money was discussed.

Peter reports concern related to LON numbers increasing in an attempt to obtain additional funds. If this were to occur, then there would not be enough money in the system and the rates would be lower.

The committee discussed examples of inappropriate team decisions when completing the LON. Visual deficits bumped up a LON score artificially. Mary-beth has a manual that can clarify issues the team may

have when completing the LON. She will forward an electronic copy to committee members upon request. The committee discussed a review of definitions including the word supervision to provide clarity. The LON does not take the place of other assessments. The LON is used in conjunction with any other assessments. There is great technology to support independence, such as a smoke detector with voice, which can be used to eliminate unnecessary support.

Tim will go back to CAMRIS to obtain definitions. Definitions will be reviewed and changed if necessary to meet current needs. The committee will look at the definitions and propose how we want them to read. Risk may increase, as we are paying a lot of money to be risk averse as a system at this time.

On July 30th, Kathy and Catharina are scheduled to go to Massachusetts to speak with a coordinator who does shared living and has experience with the waiver.

There is potential to explore how rates are established for residential care homes or boarding homes. The group is curious as to the origin of these rates and how they are established. The group would like to explore these alternatives as well.

Next Meeting:

- Shared living discussion
- Tim to explore rates in each region (higher rate: behavior or residential)
- Tim will bring definitions